(Take or mail original and all copies to your local Social Security office,

the Veterai	ns Affairs Regional Off	fice in Manila or an	ny U.S. Foreign Serv	vice post)	Notice on Neverse	
1. CLAIMANT	2. WAG	GE EARNER, IF DIFFE	ERENT 3.	SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER	
5. REQUEST A HEARING BE	FORE AN ADMINISTRAT	IVE LAW JUDGE. c	disagree with the dete	rmination made on my	claim because:	
An Administrative Law Judge You will receive notice of the					roceedings in your case.	
6. I have additional evidence to submit. Yes No			7. Check one of the blocks:			
Name and address of sour	ce of additional evidence	9:				
				and ∣ reque	sh to appear at a hearing st that a decision be made	
(Please submit it to the Social Security office, The Veterans Affairs Regor any U.S. Foreigh Service post within 10 days. Attach an additional more space.)						
You have a right to be repress of legal referral and service (Appointment of Representativ	organizations. (If you a re).)	re represented and	have not done so p	reviously, complete ar	nd submit form SSA-1696	
[You should complete No. 8 available to complete this form				are represented and	your representative is not	
8. (CLAIMANT'S SIGNATUR	Ξ)	(DATE)). (REPRESENTATIVE	E'S SIGNATURE/NAME)	(DATE)	
ADDRESS		(.	(ADDRESS) ATTORNEY; NON ATTORNEY;			
CITY	STATE	ZIP CODE C	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	7 T	ELEPHONE NUMBER	FAX	NUMBER	
TO BE COMPLETED B	Y SOCIAL SECURIT	Y ADMINISTRA	TION-ACKNOWLE	DGMENT OF REQU	JEST FOR HEARING	
10. Request received for the S	ocial Security Administr		by:	(0)		
		(Date	e)	(Print Nam	e)	
(Title)	(Addre			(Servicing FO Code)	(PC Code)	
11. Was the request for hearing If no is checked, attach information in the Social S	claimant's explanation	•		YES NO	other pertinent material or	
12. Claimant is represented	Yes No		15. Check all claim	types that apply:		
13. Interpreter needed	nd service organizations Yes No	provided	RSI only	. 199	(RSI)	
Language (including sign language):			Title II Disability-worker or child only (DIWC) Title II Disability-Widow(er) only (DIWW)			
14. Check one: Initial Entitlement Case			☐ SSI Aged	d only	(SSIA)	
Disability Cessation Case			SSI Blind	I only bility only	(SSIB) (SSID)	
Other Postentitlement Case 16. HO COPY SENT TO: HO on			SSI Aged/Title II (SSAC)			
CF Attached: Title II; Title XVI; Title VIII; or			SSI Blind		(SSBC)	
Title CF held in FO to establish CAPS ORBIT; or				bility/Title II	(SSDC)	
☐ CF requested ☐ Title II; ☐ Title XVI ☐ Title VIII			HI Entitle		(HIE)	
(Copy of teletype or phone report attached)			☐ Title VIII	Only /Title XVI	(SVB) (SVB/SSI)	
17. CF COPY SENT TO:	НО	on	Other - S		(0 0 0/001)	
CF Attached: Ti	tle II; Title XVI		55.			

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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the Veterans A	ttairs Regional Office in Maniia o	r any U.S. Foreign Serv	vice post)		
. CLAIMANT	2. WAGE EARNER, IF D	IFFERENT 3.	SOC. SEC. CLAIM NUMBER 4. SPOU	JSE's CLAIM NUMBER	
S I REQUEST A HEARING REFORM	 E an administrative Law Judge	disagree with the dete	ermination made on my claim be	ecalise.	
	he Office of Hearings and Appeals wi and place of a hearing at least 20 da			ngs⊣n your case.	
6. I have additional evidence to s	ubmit. Yes No		7. Check one of the blocks:		
Name and address of source o	f additional evidence:		wish to appear at	<u> </u>	
(Please submit it to the Social or any U.S. Foreigh Service pomore space.)	Security office, The Veterans Affairs st within 10 days. Attach an additio	Regional Office in Manila nal sheet if you need	والمرادة والمواقع المواقع	a decision be made ence in my case.	
egal referral and service organiz Appointment of Representative).) You should complete No. 8 and y o complete this form, you should	d at the hearing. If you are not repres zations. (If you are represented an our representative (if any) should cor also print his or her name, address, e	d have not done so promplete No. 9. If you are rette. in No. 9.]	eviously, complete and submepresented and your representa	ative is not available	
B. (CLAIMANT'S SIGNATURE)	(DATE)	9. (REPRESENTATIVE	E'S SIGNATURE/NAME)	(DATE)	
ADDRESS		(ADDRESS) ATTORNEY; NON ATTORNEY;			
CITY	STATE ZIP CODE	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBE	ER .	
TO BE COMPLETED BY S	OCIAL SECURITY ADMINISTI	RATION-ACKNOWLE	DGMENT OF REQUEST F	FOR HEARING	
10. Request received for the Socia	Security Administration on	by:			
	(Date)	(Print Name)		
(Title)	(Address)		(Servicing FO Code)	(PC Code)	
	ceived within 65 days of the reconsimant's explanation for delay; and ity office.		YES NO Nonent notice, letter, or other p	pertinent material or	
12. Claimant is represented	Yes No	15. Check all claim	types that apply:		
List of legal referral and s	service organizations provided	RSI only		(RSI)	
Language (including sign langu	Yes No uage):		isability-worker or child only		
Disability	itlement Case Cessation Case tentitlement Case	SSI Aged SSI Blind SSI Disa	d only bility only	(DIWW) (SSIA) (SSIB) (SSID)	
16. HO COPY SENT TO:	HO on	SSI Aged		(SSAC)	
CF Attached: Title II; Title II CF held in FO to esta CF requested Title II	ablish CAPS ORBIT; or ;	or SSI Blind SSI Disal HI Entitle Title VIII	bility/Title II ement	(SSBC) (SSDC) (HIE) (SVB)	
(Copy of teletype or phone			/Title XVI	(SVB/SSI)	
17. CF COPY SENT TO:	HO on	Other - S	Specify:		
☐ CF Attached: ☐ Title II	; L Title XVI				

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the Veterans Affaii	rs Regional Office in Manila or a	any U.S. Foreign Sei	vice post)		
1. CLAIMANT	2. WAGE EARNER, IF DIF	FERENT 3	. SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER	
5. I REQUEST A HEARING BEFORE AN	LADMINISTRATIVE LAW JUDGE.		ermination made on m	 nv claim because:	
		Ü			
An Administrative Law Judge of the O You will receive notice of the time and				r proceedings in your case.	
6. I have additional evidence to subm	it. Yes No		7. Check one of the blocks:		
Name and address of source of ad	ditional evidence:		☐ wish to	appear at a hearing.	
		do not wish to appear at a hearing and I request that a decision be mad based on the evidence in my case.			
(Please submit it to the Social Sect or any U.S. Foreigh Service post w more space.)	legional Office in Manil al sheet if you need	a	te Waiver Form HA-4608)		
You have a right to be represented at legal referral and service organizatio (Appointment of Representative).) [You should complete No. 8 and your to complete this form, you should also	ns. (If you are represented and representative (if any) should comp	have not done so polete No. 9. If you are i	reviously, complete a	and submit form SSA-1696	
8. (CLAIMANT'S SIGNATURE)	(DATE)	9. (REPRESENTATIV	E'S SIGNATURE/NAM	1E) (DATE)	
ADDRESS		(ADDRESS) ATTORNEY; NON ATTORNEY;			
CITY	STATE ZIP CODE	CITY	STA	TE ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	F.A	AX NUMBER	
TO BE COMPLETED BY SOC	IAL SECURITY ADMINISTRA	ATION-ACKNOWL	EDGMENT OF REC	QUEST FOR HEARING	
10. Request received for the Social Se	curity Administration on	by:			
	(Da	ate)	(Print Na	ime)	
(Title)	(Address)		(Servicing FO Code) (PC Code)	
11. Was the request for hearing receiv If no is checked, attach claiman information in the Social Security of	t's explanation for delay; and at		YES NO		
12. Claimant is represented	∕es	15. Check all clain	n types that apply:		
List of legal referral and servi	ce organizations provided	RSI only	,	(RSI)	
· —	′es ∐ No	·	Disability-worker or		
Language (including sign language):	— ☐ Title II □	Disability-Widow(er)	only (DIWW)	
14. Check one: Initial Entitlem	☐ SSI Age		(SSIA)		
Disability Ces	SSI Blind only (SSIB)				
Other Postent	☐ SSI Disability only (SSID) ☐ SSI Aged/Title II (SSAC)				
16. HO COPY SENT TO:	HO on		d/Title II d/Title II	(SSAC) (SSBC)	
CF Attached: L Title II;		ability/Title II	(SSDC)		
Title CF held in FO to establis	HI Entitl		(HIE)		
☐ CF requested ☐ Title II;	☐ Title VII		(SVB)		
(Copy of teletype or phone rep		I/Title XVI	(SVB/SSI)		
17. CF COPY SENT TO:	HO on	_ Other -			
CF Attached: Title II; Other Attached:	Title XVI				

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. CLAIMANT	2. WAGE EARNER, I	F DIFFERENT	3. SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER		
5. I REQUEST A HEARING BEF	ORE AN ADMINISTRATIVE LAW JUI	DGE. I disagree with th	e determination made on my	claim because:		
An Administrative Law Judge (of the Office of Hearings and Appeals	s will be appointed to o	randuct the hearing or other I	proceedings in your case		
	time and place of a hearing at least 20			proceedings in your ouse.		
6. I have additional evidence	to submit. Yes No		7. Check one of the	7. Check one of the blocks:		
Name and address of source	e of additional evidence:		do not wi	ppear at a hearing. ish to appear at a hearing		
	cial Security office, The Veterans Affa post within 10 days. Attach an add					
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B. (CLAIMANT'S SIGNATURE	•		ATIVE'S SIGNATURE/NAME) (DATE)		
ADDRESS		(ADDRESS)	(ADDRESS) ATTORNEY; NON ATTORNEY;			
CITY	STATE ZIP CODE	CITY	STATE	ZIP CODE		
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUI	MBER FAX	NUMBER		
TO BE COMPLETED BY	Y SOCIAL SECURITY ADMINIS	STRATION-ACKNO	WLEDGMENT OF REQ	UEST FOR HEARING		
10. Request received for the So	ocial Security Administration on	by: _				
		(Date)	(Print Nam	ne)		
(Title)	(Address)		(Servicing FO Code)	(PC Code)		
•	g received within 65 days of the reco claimant's explanation for delay; ar ecurity office.			other pertinent material o		
12. Claimant is represented	Yes No	15. Check all	claim types that apply:			
	nd service organizations provided Yes No	RSI	lonly	(RSI)		
 Interpreter needed Language (including sign la 			e II Disability-worker or ch	•		
			le II Disability-Widow(er) o I Aged only	only (DIWW) (SSIA)		
	Entitlement Case lity Cessation Case		Blind only	(SSIB)		
	Postentitlement Case	_	Disability only	(SSID)		
			I Aged/Title II	(SSAC)		
			Blind/Title II	(SSBC)		
			Disability/Title II	(SSDC)		
			Entitlement le VIII Only	(HIE) (SVB)		
		_	le VIII/Title XVI	(SVB/SSI)		
			ner - Specify:	(5 (5) (5) (

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An Administrative Law Judge of the C You will receive notice of the time and				oceedings in your case.	
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ADDRESS		(ADDRESS) ATTO	RNEY; NON ATTO	DRNEY;	
CITY	STATE ZIP CODE	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX N	IUMBER	
TO BE COMPLETED BY SOC	IAL SECURITY ADMINISTR	ATION-ACKNOWLE	DGMENT OF REQUI	EST FOR HEARING	
10. Request received for the Social Se	· ———	by:	(Print Name))	
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11. Was the request for hearing received if no is checked, attach claiman information in the Social Security (ed within 65 days of the reconsid t's explanation for delay; and a		YES NO		
List of legal referral and servi	/es No): nent Case sation Case	Title II Di SSI Ageo SSI Blind SSI Disal SSI Blind SSI Disal SSI Disal HI Entitle Title VIII	isability-worker or chilisability-Widow(er) only only only only d/Title II onlity/Title II only only only d/Title II only only only only only only only only		

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